

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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MAUVAREEN BEVERLEY,

Plaintiff,

- against -

NEW YORK HEALTH AND HOSPITALS CORP.,  
MITCHELL KATZ, Individually and as Chief Operating  
Officer and President of New York City Health and Hospitals  
Corp., STANLEY BREZENOFF, Individually and as Interim  
Chief Operating Officer and President of New York City  
Health and Hospitals Corp., PLACHIKKAT V.  
ANANTHARAM, individually and as Chief Financial  
Officer of New York City Health and Hospitals Corp.,

Defendants.

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**DECLARATION OF  
ASSISTANT CORPORATION  
COUNSEL DONALD C.  
SULLIVAN IN SUPPORT OF  
DEFENDANTS'  
OPPOSITION TO  
PLAINTIFF'S MOTION TO  
FILE A SECOND AMENDED  
COMPLAINT**

18 Cv. 8486 (ER)

**DONALD C. SULLIVAN** declares, pursuant to 28 U.S.C. § 1746 and under  
penalty of perjury, that the following is true and correct:

1. I am an Assistant Corporation Counsel in the office of Georgia M. Pestana, Acting Corporation Counsel of the City of New York, attorney for defendants New York Health and Hospitals Corp., Mitchell Katz, Stanley Brezenoff, and Plachikkat V. Anantharam (collectively "defendants") in the above-captioned action. I respectfully submit this declaration in support of defendants' opposition to plaintiff's motion for leave to file a Second Amended Complaint.

2. Annexed hereto as Exhibit "A" is a true and correct copy of a letter drafted by plaintiff and referenced by plaintiff in the proposed Second Amended Complaint,

dated December 18, 2017.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: New York, New York  
July 2, 2021

ECF /s/ Donald C. Sullivan

Donald C. Sullivan  
Assistant Corporation Counsel

## EXHIBIT A

## Memo

**To:** PV Anantharam  
 Chief Financial Officer

**From:** Mauvareen Beverly, MD  
 Assistant Vice President, Physician Advisor  
 Central Office Finance/Managed Care

**cc:** Stanley Brezenoff, Interim President

**Date:** December 18<sup>th</sup> 2017

**Re:** Imminent Termination

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I am writing concerning our meeting today, 12/18/2017 pursuant to your directive to me on November 1, 2017; when you cited and charged that there was a problem with my interpersonal skills as related to "getting along" with the Revenue Cycle Unit. You specifically referenced that I do not get along with Maxine Katz, Senior Vice President and Robert Melican, Senior Director, and Megan Meagher, Assistant Vice President, Managed Care.

I firmly believe that your decision is adverse and lacks merit. I am requesting a reverse decision regarding my employment.

As requested, I have followed up with you and shared my progress to date. Additionally, in our meeting 12/18/17, you went beyond your previous position that I should find another position and now you state that I should submit a resignation letter dated February 10<sup>th</sup> 2018.

It was quite disconcerting to be asked to resign from my position when there is no factual evidence that I have initiated inappropriate conduct, communication behavior, or performance deficiencies. Today, as this was a new request, I told you I would have to think about it. You gave me two days and then stated you would contact HR.

As you are aware, in the recent past there have been some issues related to ineffective communication. I made various attempts to resolve my concerns regarding the incorrect documentation of my role and responsibilities for medical necessity denials as a Project Manager with regards to Office of Transformation Monthly Reports.

I brought to your attention that a Medical Necessity Project Charter was submitted to Peter Dunn, Sr. Director, Transformation Office by Robert Melican that I had no knowledge of; and in addition the information in the Charter was totally incorrect. I informed you and asked you set up a meeting with you, Bob, Maxine as they are in charge of revenue cycle and myself. Rather than a joint meeting you advised "Don't sign the Document". At which time I indicated, "I agree with not signing the document but more important, I am looking for guidance as to what to do"; since the Document listed me as the Project Manager and I knew nothing about it.

With regards to Maxine Katz, Senior Vice President, who is well known to be the ultimate yeller and screamer and because I request from her when speaking to me to lower her voice and stop screaming particularly with regards to inaccurate data and lack of understanding of medical necessity denials and appeals, you prefer to see it as me not getting along with Maxine.

I remember a conversation with you earlier this year, about the yelling and screaming and interestingly you stated, that "Maxine cannot help herself" I responded by stating and interesting fact that she does not yell and scream at the Finance Board of Director's meeting.

Further, my reporting structure has been unclear for several months. After having reported to your predecessor, and initially yourself; you suggested that I report to another manager, with a title lower than mine.

Among those you cited I do not get along with, all due respect: Megan and I have worked as a team on several projects successfully. We work together and met jointly inclusive of various hospitals with Emblem Health and United Health Care. We have collaborated with the UM and Patient Account staff at Woodhull to address UHC's required a new Waiver of liability Form for hospitals to fill out prior to appealing and if not, the appeal would not be accepted. At the end of our joint discussions UHC stated: "After their internal review, "the Waiver of Liability Form was sent in error and we are working to reprocess the claims and have them re-reviewed by the appeals team." **Now all hospitals will be sending the denied cases back to UHC for reprocessing.**

Most recently, Megan agreed to be a presenter at the Biannual Medical Necessity Conference last week hosted by Bellevue. Of note since you have been CFO, I have organized 4 conferences and you only attended one for a short period of time. You have never given any recognition to the success of the conferences and the results accomplished to date.

I will be happy to provide references on all levels from actual individuals whom have worked with me on an ongoing basis that will speak to my credibility, honesty collaborative and leadership skills.

If I am not able to get along, how could I faithfully and committedly continue to serve NYC Health +Hospitals since January, 2015 in a manner that only derives benefit to the unit and the Corporation.

I have reached out to several CEOs where scheduling conflicts and vacations has differed my meeting with them until sometime in the New Year.

The turnaround time and deadline you are proposing is unreasonable and not fair.

What would be fair is for you to commit to successfully transitioning me to any of the hospitals whose CEOs I have reached out to. My role would include Care and Case Management; Implementation of the Milliman/Interqual Pilot for reducing initial denials; Readmission prevention and Improving the Patient Experience.

Please let me know whether my above solution is acceptable to you.

For the record the following are my achievements within NYC Health + Hospitals, *as Assistant Vice President, Physician Advisor, CO Finance/Managed Care from CY 2015 to current*

- Identify, develop, and implement revenue enhanced initiatives
- De-silo clinical care, finance, and the patient experience thru increased interdisciplinary collaboration
- Implemented Department of Finance (DFS) External Appeal Initiatives for all 11 hospitals to address inappropriate medical necessity denials for inpatient admissions by Health Plans, recouping \$ 8M from 2015 to date. Cost approximately \$189K
- **Decrease IPRO (FFS Medicaid) take back from \$43M in FY2015 to \$18M FY 2017**
- Implemented Hospital wide initiative with Executive Health Resource (E.H.R.) that Increased revenue by \$ 8M for Inappropriate denials Managed Medicare, IPRO and long Stay BH
- Implemented Pilot: Proactive approach to address inappropriate medical necessity denials by health plans by including Milliman/ Interqual Criteria in the initial clinical information submitted by Case Managers to the Health Plans as opposed to health Plan notification that admission did not meet criteria.
- Led initiation of CMS agreement, which increased revenue by approximately \$5M across all 11 hospitals.
- Improved collaboration between utilization management department, finance, patient accounts, and physician advisors at all 11 hospitals.
- Authored white paper with physician advisors at different hospitals to address inappropriate denials and provide strategic recommendations to the emergency and in-patient physicians and other clinical staff.
- Chaired Committee for the 1<sup>st</sup> Conference: Improving the Health of the Elderly Black Population, September 2017
- A member and contributor of the 2020 Patient Engagement Leadership Group.
- Hosted biannual Medical Necessity conference for 11 acute hospitals that's attended by UM, Physician Advisors, HIM, Finance Patient Account and M+ and HF. Last conference was Dec.12<sup>th</sup> that received excellent reviews